



Department of Agriculture, Trade and Consumer Protection

Motor Vehicle Repair

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisements, lease documents, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

2. What business is your complaint against?

Name of business or repair shop: _____

Address: _____ Ste.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Information about your complaint

3. Date of transaction: Month: _____ Day: _____ Year: _____

4. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

5. Type of vehicle involved: Make: _____ Model: _____ Year: _____
VIN#: _____

6. At the time of the repair, was the vehicle covered by a salvage certificate?Yes ☐ No ☐

7. How did you deliver your vehicle to the shop? ☐ Drove it in ☐ It was towed ☐ It was towed and I was along

8. What repairs did you ask the shop to do? _____

9. Were instructions written on the original repair order?Yes ☐ No ☐

10. How did you first order the repairs? ☐ By telephone ☐ In person, by speaking to a shop representative
☐ By written instructions ☐ Other, explain _____

11. Did you receive a price estimate before the work was started?Yes ☐ No ☐

If yes: List amount of estimate \$ _____ Was it written on the original repair order?Yes ☐ No ☐

Did you sign the estimate section of the repair order?Yes ☐ No ☐

12. Did you receive a copy of the original repair order before repairs were started? (enclose copy if available)Yes ☐ No ☐

13. Were additional repairs performed?Yes ☐ No ☐

If yes: List the additional repairs: _____

Did the shop provide a new total estimate for all repairs?Yes ☐ No ☐

Did you approve the added repairs?Yes ☐ No ☐ If yes, did you approve? ☐ By phone ☐ In person

14. In your opinion, did the shop: Force you to pay for repairs that were done without your permission? ...Yes ☐ No ☐

Recommend repairs that were not needed? Yes ☐ No ☐ Make repairs without permission?Yes ☐ No ☐

Fail to return replaced parts upon request? Yes ☐ No ☐ Charge for repairs that were not made? Yes ☐ No ☐

Charge for repairs that were not needed?Yes ☐ No ☐ Refuse to honor a written guarantee?Yes ☐ No ☐

Fail to perform the repairs in a satisfactory manner?Yes ☐ No ☐

15. Was the final repair bill (excluding sales tax and towing) more than the amount you authorized?Yes ☐ No ☐

IMPORTANT: More questions on the back page (over)

